

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Karen So	ucy		 _
II. Name of lobbyist's partnership, fir	m or corporation, if any	y:	,
Soucy Solutions, LLC	,		
(Name of partnership, fir	m or corporation)		
11 Princeton Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 344-5797	()	e-mail karense	oucy1@gmail.com
(Telephone)	(Fax)		
III. This statement covers: (Choose on reportable expense transactions which	e – file separate reports are not attributable to	for each client, OR you n any one client).	nay file a separate report for
All reportable transactions occurring	in the months prior to th	e reporting date relative to	the following client:
NH Manufactured and Modula	r Housing Associat	ion	
(Full Name of Clie	ent as it appears on the Lobb		"
<u>OR</u>			
☐ All reportable transactions by the lob unrelated to any particular client.	byist (including the lobby	vist's family), or the lobbying	ng firm listed below which are
IV. Date of Report April 24, 2019 Reports cover: activity from date of regi		July 31, 2019 [] activity from 4/1/19 to 6/30/1	9
October 30, 201 activity from 7/1/19		January 29, 2020 activity from 10/1/19 to 12/3	1/19
V. There have been no fees received If this box is checked, complete just this j Concord, NH 03301.	d and no reportable t form and submit it to the	ransactions made since Secretary of State's Office,	the last report. State House, Room 204,
VI. Check if additional reports are att	ached:		
If you have received fees or made ex		Addendum A- Fees and I	Expenses
☐ If you have paid an honorarium or re Expense Reimbursement	eimbursed expenses, you	must file Addendum B R	eport of Honorariums or
X If you, your firm, or your family has	made political contributi	ions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowledg	-C and RSA 664 and here	eby swear or affirm that the	foregoing information is true
h		04/22/19	1
(Signature of lobbyigh		(D	DECENTE
Karen Soucy		·	RECEIVED
(Print Name of lobbyist)			APR 2 4 2019
			NEW HAMPSHIRE DEPARTMENT OF STATE

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kara Soucy	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Soucy Solution, We (Name of partnership, firm or corporation)	
III. Name of Client NH Monutachers of Modular Housing Ass.	n_Date_4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 11, 1066.66
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ <u>5</u> 833.33
c) Total of all fees received to date (Add lines a and b)	c) \$ 17, 499 99
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of alle; meals purchased during a business than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 7,791.33
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 7, 777, 37
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of logbyist)	4/22/19
(Signature of logbyist)	(Date).
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	aren Souc	Y	
II. Name of lobbyist's parti		,	
Soury S (Name of partner	"Mutions	LLC	
	·		
III. Name of Client <u>NHM A</u>	Ex : Moder H	wing Arin	Date 4/22/19
Political Contributions		I	1 '
For each political contributi	on that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the to	llowing:	
<u> </u>			
Full name of candidate:	Co. atta	ch allich	- ,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$			
Full name of candidate:	(Last Name)		(Middle Name/Initial)
Amount of contribution 3		Office Candidate is	Seeking
	dentribution provide		
actual cost of the in-kind contrenter an estimated value and the	ibution on the line above		ls or services provided, and enter the ation. If the actual cost is not known,
	ibution on the line above word "estimate."	ve for amount of contribu	ation. If the actual cost is not known,
enter an estimated value and th	ibution on the line above		(Middle Name/Initial)

NH SECRETARY OF STATE ADDENDUM C

Contributions made by Soucy Solutions, LLC

NH House Democrats	\$100.00	NH House
Dan Feltes	\$100.00	State Senate
NH Democratic Caucus	\$100.00	State Senate
Martha Hennessey	\$100.00	State Senate
Jay Kahn	\$100.00	State Senate
John Reagan	\$100.00	State Senate
David Starr	\$100.00	State Senate

Contributions made by Tim Soucy

Donna Soucy	\$150.00	State Senate
Melanie Levesque	\$50.00	State Senate
Dan Feltes	\$80.00	State Senate
House Democrats	\$30.00	NH House

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date) (Print Name of lobbyist)

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